

POLICY BRIEF

On February 6, 2023, a 7.8 magnitude earthquake and multiple severe aftershocks hit Türkiye (Turkey) and northwest Syria, creating a complex humanitarian emergency. The death toll across the region resulting from the earthquake is [nearing 50,000](#) and rising as recovery efforts progress. In Syria, the [death toll is over 5,800](#) people and there are more than [10,000 recorded injuries](#). The majority of casualties are in the northwest of Syria, where there were at least 4,400 deaths and over 8,000 injuries. Across Syria and Türkiye, nearly [23 million are displaced](#) or in need of humanitarian assistance.

While Türkiye is receiving direct aid from donor countries, humanitarian access in Syria is severely limited, raising concerns particularly for the [5.3 million people](#) in northwest Syria in need of emergency assistance and humanitarian relief, most of whom are women and children. The current crisis resulting from the earthquake exacerbates already existing humanitarian need in the region from nearly 12 years of civil war. Other factors such as economic sanctions complicate the delivery of urgent humanitarian assistance to portions of territory in the north controlled by the Syrian government, while the remaining territory is under the control of de facto authorities whose jurisdiction is not internationally recognized.

Across the worst-affected areas in Syria, women and girls face displacement, food insecurity, lack of adequate health services, and loss of education and economic opportunities. They also encounter increased exposure to sexual and gender-based violence and face heightened health risks due to a lack of comprehensive sexual and reproductive health services. As the crisis continues and the earthquake recovery process begins, harmful gender norms and practices such as child, early, and forced marriage will persist.

The Women's Refugee Commission calls upon all humanitarian stakeholders, including governments, international organizations, implementing agencies, and donors, to ensure that the needs and rights of Syrian women and girls are addressed in the crisis response and recovery.

We further call for support to women's organizations and networks, alongside other civil society organizations within Syria, as critical partners in the decision-making spaces of this emergency response. As longstanding frontline responders, they bring contextual knowledge, skills, and resources to the emergency response, recovery, and resilience-building of communities affected by this crisis.

We urge all humanitarian actors to take action on:

Humanitarian waivers on sanctions regimes

It is essential that humanitarian assistance reach all Syrians in need, particularly in the hardest-hit areas in the northwest region of the country. Governments that institute economic sanctions and restrictions on Syria must uphold and expand upon existing humanitarian waivers to facilitate immediate transfer of humanitarian assistance to civilians and civil society organizations in government-held areas. For example, in response to the earthquake, the US Department of Treasury's Office of Foreign Assets Control (OFAC) issued Syria General License (GL) 23, which releases all transactions related to earthquake relief for 180 days, which would be otherwise prohibited by the Syrian Sanctions Regulations (SySR). We call upon all governments currently imposing sanctions on Syria to follow suit and issue similar exceptions to facilitate the timely and effective delivery of aid.

Ensuring unfettered and safe access for delivery of humanitarian aid

Currently, UN aid trucks are reaching affected people in northwest Syria through three crossings, including the Bab El Hawa crossing recognized by UNSC resolution 2672, in addition to the expansion into two new crossings, Bab Al Salameh and El Raii. While some supplies are entering the northwest region, they are limited and insufficient to meet the scale of emergency needs. The Syrian government, non-state actors, and de facto authorities controlling northwestern provinces must ensure unfettered and safe access for delivery of humanitarian assistance and supplies, including across all main roads and checkpoints. This includes allowing unobstructed passage for the delivery of medical supplies and medicines, ambulances, shelter materials and non-food items, emergency food and water and sanitation and hygiene assistance, and equipment necessary for debris removal and other recovery operations.

Assessing the needs of the crisis-affected population, including traditionally marginalized groups

Humanitarian responders should conduct rapid gender and social inclusion analyses to assess the unique risks women and girls in all their diversity face and any barriers to accessing humanitarian assistance. Particular efforts must be made to ensure that the needs of adolescent girls and young women, widows, older women, women with disabilities, female heads of households, pregnant and lactating women, and LGBTQI+ women are identified and addressed, including equitable and meaningful access to the full range of supplies and services delivered through humanitarian actors.

Sustained delivery of comprehensive sexual and reproductive health (SRH) services

Syrian women and girls face loss of access to critical and often lifesaving health services, including contraception, post-rape services, and maternal health care. It is critical to reduce secondary loss of life and crisis-related morbidities through gender-responsive delivery of comprehensive sexual and reproductive health services. This includes:

- » **Implementing the Minimum Initial Services Package (MISP)**, which requires planning, funding, and delivering comprehensive sexual and reproductive health services to prevent death, disease, and disability related to unintended pregnancy, obstetric complications, sexual and other forms of gender-based violence, HIV infection, and a range of reproductive disorders from the onset of a crisis.
- » **Ensuring SRH services are accessible and responsive to the unique needs of adolescent girls** and young women, older women, people with disabilities, sex workers, LGBTQI+ individuals, and others who often experience particular barriers to access.
- » **Ensuring the safe delivery of reproductive health kits** across the Turkish border into northwest Syria and other areas where there are internally displaced populations to address immediate SRH needs and assessing local needs to meet longer-term reproductive health objectives throughout the course of the emergency.
- » **Integrating SRH services into public health packages and other service sectors**, particularly water, sanitation, and hygiene (WASH) and nutrition. Supply chains for SRH commodities should be coordinated with supply chains in other sectors to ensure that the full spectrum of SRH needs is met for all women and girls.
- » **Ensuring dissemination of accurate SRH information**, including evidence-based contraception and family planning counseling that is responsive to the needs and concerns of all populations within humanitarian settings.
- » **Prioritizing implementation of safe and effective antenatal, childbirth, and postnatal care** alongside safe and effective abortion care, including for unwanted pregnancies resulting from sexual violence, to the full extent of the law.

Sexual and gender-based violence (SGBV) prevention and response

As in most crises, Syrian women and girls face heightened risk of SGBV during displacement and emergency conditions, including intimate partner violence, rape and other forms of sexual assault, and sexual exploitation and abuse. To address these issues in this crisis response, humanitarian responders must:

- » **Prioritize GBV risk mitigation across humanitarian response sectors**, particularly shelter, WASH, and food, and include protection advisers and women and girls from the impacted community in the design and delivery of humanitarian services. Humanitarian actors should also fund and facilitate safety audits and gender-inclusive safety assessments at regular intervals to identify and address GBV risks, particularly in shelters and temporary accommodations, and barriers for women and girls in accessing humanitarian assistance.
- » **Ensure the availability and accessibility of GBV response services**, including coordinated referral mechanisms, clinical management of rape, provision of post-exposure prophylaxis (PEP), mental health and psychosocial support, case management, legal redress for survivors, and access to safe shelters. Donors and implementers should fund and support mobilization of ambulatory units and first responders to address the needs of diverse women and girls, including in remote affected areas, and support the establishment of safe spaces for women and girls in all their diversity.
- » **Remove barriers to GBV services and address particular GBV risk factors for adolescent girls**, older women, people with disabilities, and those with diverse sexual orientation and gender identities, including access to quality medical and psychosocial support that meet their needs, as well as shelter, food, and other basic services.
- » **Integrate SRH services with SGBV prevention and response** at the service delivery level and in national health and social protection systems. This should include providing flexible funding for SRH and SGBV service integration, staff training, and task sharing among local service providers.
- » **Integrate cash and voucher assistance (CVA) into GBV response**. Humanitarian responders should ensure women, girls, and others at risk of GBV have access to cash transfers as a means of receiving emergency assistance, enabling their independent access to basic supplies and services to mitigate risks of sexual exploitation and abuse, and promoting their self-reliance and security. Humanitarians must also mitigate the unintended GBV risks that can arise from general CVA programs for emergency assistance.

Economic security and inclusion of Syrian women and girls in humanitarian response

The compounded complex crisis in the aftermath of the earthquakes has eroded an already fragile economic infrastructure and market economy in Syria, placing women, girls, and female-headed households at particular risk of displacement, food insecurity, and exploitation and abuse. Humanitarian responders should:

- » **Target CVA and livelihoods support for women and girls** in humanitarian programming, particularly for female-headed households and households with distinct protection needs, such as disability or chronic illness. It is critical to ensure that CVA programs mitigate unintended consequences, such as GBV.
- » **Increase, scale up, and amplify support to Syria's women-led organizations**. Women-led organizations are key frontline responders on the ground, reaching areas that are not accessible to international organizations and UN agencies. They must be funded, supported, and included in the design and delivery of humanitarian assistance. This includes ensuring direct, multiyear, and flexible funding for women-led, refugee-led, and youth-led organizations to work in their communities. Issuing microgrants and cash transfers to groups that are established and trusted representatives of targeted populations during crisis periods and acute emergencies wherever possible.

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Women's Refugee Commission

The Women's Refugee Commission (WRC) improves the lives and protects the rights of women, children, and youth who have been displaced by conflict and crisis. We research their needs, identify solutions, and advocate for programs and policies to strengthen their resilience and drive change in humanitarian practice. Since our founding in 1989, we have been a leading expert on the needs of refugee women, children, and youth and the policies that can protect and empower them. womensrefugeecommission.org.

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